

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is NOT asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 700 Jacob Harris Lane Glasboro, MA 01502			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2290 Woodbridge Ave Glasboro, MA 01502		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			732-221-1454		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
5031 147900	5/14/2014	Non-Contaminated Fresh and Dried		1 CM	70 gal-

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 266 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) Kelli Lucarino	q. Signature <i>[Signature]</i>	r. Date 5/23/14
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**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address: EENCO #01000007 604 261-3898		
b. Phone:		
c. Driver Name (Print) R. Grover	d. Signature <i>[Signature]</i>	e. Date 5/23/14

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address: Donatello Landfill 420 South Road		c. US EPA Number PA000015387	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
<div style="text-align: right;"> <b>310418</b>   </div>			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both      % Friable      % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

PPE & Debris ( metal, pallets,  
broken glassware,  
crushed drums, etc.)

Subcontract SF1867-705

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is NOT asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number <b>NJD0786630705</b>		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>US EPA Region II-Superior District 700 Janss Plaza Lane Cranston, RI 02910</b>			e. Generator's Mailing Address: <b>US EPA Region II-Superior District 2890 Woodbridge Ave Cranston, RI 02910</b>		
f. Phone: <b>(401) 421-1111</b>			g. Phone: <b>(401) 331-1451</b>		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
<b>951 14703</b>	<b>5/14/2014</b>	<b>Non-Hazardous Trash and Debris</b>	<b>1</b>	<b>20</b>	<b>Yds.</b>

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <b>K. H. Gleason (Agent for US EPA)</b>	q. Signature <i>[Signature]</i>	r. Date <b>05/27/2014</b>
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**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address: <b>Conoco Highway 261-2848</b>		
b. Phone: <b>(401) 261-2848</b>		
c. Driver Name (Print) <b>K. E. Glover</b>	d. Signature <i>[Signature]</i>	e. Date <b>5/27/14</b>

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address: <b>Trinity, LA 70558 420 Quince Road</b>	c. US EPA Number <b>PA000013547</b>	d. Discrepancy Indication Space:
b. Phone: <b>(504) 386-0111</b>		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both      % Friable      % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number <b>N30986630705</b>		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: <b>US EPA Region II Superior Barrel &amp; Drum 705 Woodbridge Road Linden, NJ 08637</b>			e. Generator's Mailing Address: <b>US EPA Region II Superior Barrel 2500 Woodbridge Ave Linden, NJ 08637</b>		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			705-221-1451		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5191 147914	3/14/2014	Non-Contaminated Trash and Debris	1	CAI	SY
<del>_____</del>					
<del>_____</del>					

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <b>Keith Glenn (Agent for US EPA)</b>	q. Signature <i>[Signature]</i>	r. Date <b>05/27/2014</b>
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**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <b>David Reed</b>	d. Signature <i>[Signature]</i>	e. Date <b>5-27-14</b>

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address: <b>Woodbridge Landfill 400 Woodbridge Road Linden, NJ 08637</b>	c. US EPA Number <b>PA00015087</b>	d. Discrepancy Indication Space:
b. Phone:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is NOT asbestos waste, complete Sections I, II and III

### I. GENERATOR (Generator completes Ia-r)

a. Generator's US EPA ID Number <b>NJ0986430705</b>		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: US EPA Region II Superior Barrel & Drum 705 Edison Avenue Edison, NJ 08817			e. Generator's Mailing Address: US EPA Region II Superior Barrel & Drum 2800 Woodbridge Ave Edison, NJ 08817		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5081-10000	5/10/2014	For Contaminated Fresh Food Debris	1	500	250

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <b>Keith Glenn (Agent for USEPA)</b>	q. Signature <i>[Signature]</i>	r. Date <b>05/22/2014</b>
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### II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address: <b>DAE</b>		
b. Phone:		
c. Driver Name (Print) <b>[Signature]</b>	d. Signature <i>[Signature]</i>	e. Date <b>5-28-14</b>

### III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Coca Cola Landfill 400 Quaker Road Edison, NJ 08817		b. Phone:
c. US EPA Number <b>00000010001</b>	d. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

### IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

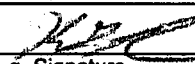
\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

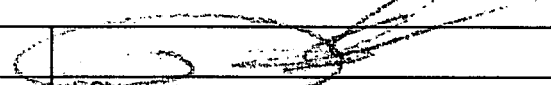
**I. GENERATOR** (Generator completes I a-r)

a. Generator's US EPA ID Number <b>NJ0984230705</b>		b. Manifest Document Number		c. Page 1 of <b>2</b>	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 770 Jacob Hamel Lane Greenville, PA 01828			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 7801 Woodbridge Ave Bridgeton, NJ 08307		
f. Phone: (610) 461-1111			g. Phone: 732-371-1454		
If owner of the generating facility differs from the generator, provide:					
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
UN01 147030	5/14/2014	Non-contaminated Trash and Debris	1	30	CY

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

p. Generator Authorized Agent Name (Print) <b>Keith Glavin (Agent for USEPA)</b>	q. Signature 	r. Date <b>5/13/2014</b>
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**II. TRANSPORTER** (Generator completes II a-b and Transporter completes II c-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) <b>Edie Brown</b>	d. Signature 	e. Date <b>5-30-14</b>

**III. DESTINATION** (Generator complete III a-c and Destination Site completes III d-g)

a. Disposal Facility and Site Address: Champion Landfill 100 Spring Road Greenville, PA 01828	b. Phone: (610) 461-1111	c. US EPA Number PA000000000	d. Discrepancy Indication Space:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)	f. Signature	g. Date	

**IV. ASBESTOS** (Generator completes IV a-f and Operator complete IV g-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

GENERATOR	<b>NON-HAZARDOUS WASTE MANIFEST</b>		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 800-424-3302	4. Waste Tracking Number	
	5. Generator's Name and Mailing Address ATTN: KEITH GLENN US EPA REGION II-SUPERIOR BARNEL 2490 WOODBRIDGE AVE EDISON, NJ 08837 Generator's Phone: (732)321-4454			Generator's Site Address (if different than mailing address) USEPA RFE II-SUPERIOR BARNEL & DRUM SITE 775 JACOB HARRIS LANE CLAGSBORO NJ 08029			
	6. Transporter 1 Company Name UNITED TRUCKING INC.			U.S. EPA ID Number			
	7. Transporter 2 Company Name			U.S. EPA ID Number			
	8. Designated Facility Name and Site Address REPUBLIC SERVICES/CONESTOGA 420 QUARRY RD MORGANTOWN PA 15143 Facility's Phone: (610)288-7373			U.S. EPA ID Number			
	9. Waste Shipping Name and Description			10. Containers		11. Total Quantity	12. Unit Wt./Vol.
				No.	Type		
	1. Non Haz Non Regulated Waste Solids			1	ST	12	21
	2.						
	3.						
4.							
TRANSPORTER	13. Special Handling Instructions and Additional Information 1. 5081 148571 VID: 494000						
	14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.						
	Generator's/Offor's Printed/Typed Name Margaret Gregor			Signature Margaret Gregor		Month Day Year 06/17/14	
	15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
	16. Transporter Acknowledgment of Receipt of Materials						
	Transporter 1 Printed/Typed Name			Signature		Month Day Year	
	Transporter 2 Printed/Typed Name			Signature		Month Day Year	
	17. Discrepancy						
	17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	17b. Alternate Facility (or Generator) Manifest Reference Number: U.S. EPA ID Number						
DESIGNATED FACILITY	Facility's Phone:						
	17c. Signature of Alternate Facility (or Generator) Month Day Year						
	18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a						
Printed/Typed Name			Signature		Month Day Year		

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 724 1st St. Harris Lane Greenville, SC 29615			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2880 Woodbridge Ave Edison, NJ 08817		
f. Phone: (803) 321-1454			g. Phone: (732) 321-1454		
If owner of the generating facility differs from the generator, provide:			732-321-1454		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
601 11736	5/14/2014	Non-Hazardous Fresh and Dabns	1 CM	8	cy

**GENERATOR'S CERTIFICATION:** I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Margaret Gregor	Margaret Gregor	06/19/2014
p. Generator Authorized Agent Name (Print)	q. Signature	r. Date

**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address: Del. Valley Corp - 1430 CLAYTON ST. RD. PA		
b. Phone: 610-372-6511		
c. Driver Name (Print) Steve Rivers	d. Signature Steve Rivers	e. Date 6-19-14

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address: Cambridge Landfill 150 County Road	c. US EPA Number PA030015007	d. Discrepancy Indication Space:
b. Phone: (610) 372-6511		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:	c. Responsible Agency Name and Address:
b. Phone:	d. Phone:
e. Special Handling Instructions and Additional Information:	
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable	
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.	
g. Operator's Name and Title (Print)	h. Signature
i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both	



If waste is asbestos waste, complete Sections I, II, III and IV  
 If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of	
d. Generator's Name and Location: US EPA Region II - Rochester, NY 2500 Woodhenge Ave Rochester, NY 14624			e. Generator's Mailing Address: US EPA Region II - Rochester, NY 2500 Woodhenge Ave Rochester, NY 14624		
f. Phone: 734-921-1854			g. Phone: 734-921-1854		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
i. Owner's Phone No.:			j. Waste Profile #		
k. Exp. Date		l. Waste Shipping Name and Description		m. Containers	
				n. Total Quantity	
				o. Unit Wt/Vol	
May 13/14		Non-Contaminated Fresh and Dry		1 CAN 30	

GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.

Margaret Gregor		Margaret Gregor		06/23/2014	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)		d. Signature
		e. Date

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address:		c. US EPA Number	d. Discrepancy Indication Space:
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	

\*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum 758 Jostox Marie Lane Greenboro, NJ 08826 <i>c/o K. Glenn</i>			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2880 Woodbridge Ave Edison, NJ 08837		
f. Phone:			g. Phone: 732-321-4454		
If owner of the generating facility differs from the generator, provide:			732-321-4454		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5081 147835	8/14/2014	Non Contaminated Trash and Debris	1 CM	20	Exp.
<del>24</del>					
<p><b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.</p>					
Keith Glenn (Agent for USEPA)		[Signature] (Agent for USEPA)		06/24/2014	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date: 6-24-14

**III. DESTINATION** (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Cumberland Landfill 120 Quarry Road P.O. Box 111		c. US EPA Number	d. Discrepancy Indication Space:
b. Phone:		760/00015067	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

**IV. ASBESTOS** (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both      % Friable      % Non-Friable			
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
		i. Date	
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR (Generator completes Ia-r)**

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: US EPA Region II-Superior Canal 7000 Woodbridge Ave Green, NY 11548			e. Generator's Mailing Address: US EPA Region II-Superior Canal 7000 Woodbridge Ave Green, NY 11548		
f. Phone:			g. Phone:		
If owner of the generating facility differs from the generator, provide:			h. Owner's Name:		
i. Owner's Phone No.:			j. Waste Profile #		
k. Exp. Date		l. Waste Shipping Name and Description		m. Containers No.	n. Total Quantity
				Type	o. Unit Wt/Vol
5/1/2014		1. Contaminated Trash and Debris		1	36
<b>GENERATOR'S CERTIFICATION:</b> I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
Keith Glewin (Agent for USEPA)		[Signature] (Agent for USEPA)		06/26/2014	
p. Generator Authorized Agent Name (Print)		q. Signature		r. Date	

**II. TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)**

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print)	d. Signature	e. Date
DAVE ROSS	[Signature]	6-26-14

**III. DESTINATION (Generator complete IIIa-c and Destination Site completes IIId-g)**

a. Disposal Facility and Site Address:		c. US EPA Number	d. Discrepancy Indication Space:
Consolidated Landfill 400 Quinn Road Green, NY 11548		PA000015007	
b. Phone:			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.			
e. Name of Authorized Agent (Print)		f. Signature	g. Date

**IV. ASBESTOS (Generator completes IVa-f and Operator complete IVg-i)**

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
<b>OPERATOR'S CERTIFICATION:</b> I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			



## NON-HAZARDOUS SPECIAL WASTE &amp; ASBESTOS MANIFEST

5081 - 34611

If waste is asbestos waste, complete Sections I, II, III and IV  
If waste is **NOT** asbestos waste, complete Sections I, II and III

**I. GENERATOR** (Generator completes Ia-r)

a. Generator's US EPA ID Number		b. Manifest Document Number		c. Page 1 of <b>1</b>	
d. Generator's Name and Location: US EPA Region II-Superior Barrel & Drum CLO K-6 km 788 Jacob Hains Lane Edison, NJ 08837			e. Generator's Mailing Address: US EPA Region II-Superior Barrel 2890 Woodbridge Ave Edison, NJ 08837		
f. Phone:			g. Phone: 732-211-4154		
If owner of the generating facility differs from the generator, provide:			i. Owner's Phone No.:		
h. Owner's Name:			i. Owner's Phone No.:		
j. Waste Profile #	k. Exp. Date	l. Waste Shipping Name and Description	m. Containers No.	n. Total Quantity	o. Unit Wt/Vol
5081 1-07030	5/14/2014	Non-Contaminated Trash and Debris	1	30	CYD.
<del>7/14</del>					
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.					
p. Generator Authorized Agent Name (Print) Keith Glenn (Agent for US EPA)		q. Signature 		r. Date 06/27/2014	

**II. TRANSPORTER** (Generator completes IIa-b and Transporter completes IIc-e)

a. Transporter's Name and Address:		
b. Phone:		
c. Driver Name (Print) DNE RICH	d. Signature 	e. Date 6-27-14

**III. DESTINATION** (Generator complete IIIa-c and Destination Site completes IIId-g)

a. Disposal Facility and Site Address: Covering Landfill 420 County Road	c. US EPA Number PA0900156357	d. Discrepancy Indication Space:
b. Phone:		
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.		
e. Name of Authorized Agent (Print)	f. Signature	g. Date

**IV. ASBESTOS** (Generator completes IVa-f and Operator complete IVg-i)

a. Operator's Name and Address:		c. Responsible Agency Name and Address:	
b. Phone:		d. Phone:	
e. Special Handling Instructions and Additional Information:			
f. <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable <input type="checkbox"/> Both % Friable % Non-Friable			
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			
g. Operator's Name and Title (Print)		h. Signature	
i. Date			
*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both			